

**Injured Police Officers Fund
School Choice Scholarship Application
School Year 2025/2026**



Application Information

School Student Desires to Attend if Grant Awarded: _____

School Phone: _____ Tuition Amount: _____

Name and Phone Number of Student's Current School (if different than above):

Name: _____ School Phone: _____

I. STUDENT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Birth Date: _____ Ethnicity: _____ Gender: _____

Does the student have a disability? Yes ☐ No ☐ Grade level in 2025-2026: _____

II. PARENT/GUARDIAN AND HOUSEHOLD INFORMATION

***Parent/Guardian 1**

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____

Apt. #: _____ City: _____ Zip Code: _____

SS#: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Marital Status: _____ Relationship to Student: _____

Employer: _____ Occupation: _____ If Unemployed, date: _____

***Parent/Guardian 2 (if applicable)**

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____

Apt. #: _____ City: _____ Zip Code: _____

SS#: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Marital Status: _____ Relationship to Student: _____

Employer: _____ Occupation: _____ If Unemployed, date: _____

Additional Household Members (any person(s) living in household, sharing income and expenses)

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Estimated Annual Income For 2024

Parent/Guardian #1 Salary/Wages: _____

Parent/Guardian #2 Salary/Wages: _____

Alimony: _____

Friend/Family assistance: _____

Business/Investment income: _____

Other income (please describe):

Total Family Annual Income: \$ _____

Is annual household income within 300% of the federally designated poverty level? Yes ☐ No ☐

300% Federal Poverty Level – January 2025

Household Size	Annual Income	Household Size	Annual Income
2	\$61,320	6	\$125,880
3	\$77,460	7	\$142,020
4	\$93,600	8	\$158,160
5	\$109,740	9	\$174,300

For each additional family member over 9 people, add \$16,140.

Are there any expected changes to income for 2025? Yes ☐ No ☐

If yes, please explain reason and expected amount of difference.

III. NON-TAXABLE INCOME

List annual amounts for all household members listed above:

Child Support: _____

Worker's Compensation/Unemployment: _____

Social Security or Disability Benefits: _____

Welfare and/or Aid for Families with Dependent Children (AFDC/ADC): _____

Temporary Assistance for Needy Families (TANF): _____

Food Stamps (SNAP): _____

Other: _____

IV. OTHER TUITION ASSISTANCE OR SUPPORT

List the Amounts of all other forms of Tuition or other Educational Support or Assistance the Student will Receive or is Expected to Receive.

A. Financial Aid or Tuition Assistance from School Student is Applying to:

B. Support from Friends/Relatives/Employers/Other Educational Grants, etc.

Did student receive a scholarship from any Scholarship Grant Organization for the previous school year (2024-2025)? Yes ☐ No ☐

If yes, which organization: _____

Amount of Scholarship received: _____

Required Documents:

- Copy of 2024 Tax Return (**first 2 pages only**). If your income level does not require you to file a tax return please check here ☐ Yes, my income is below filing requirement • Copies of last 2 paystubs showing all deductions. If you are self-employed and do not receive a paycheck, please submit a copy of last month's bank statement.
- Copy of award letter for any government aid (i.e. Social Security, Disability, Unemployment, Snap benefits, etc.)

Agreements:

- I (we) agree that should I/we receive a scholarship; I/we will submit a written statement to Injured Police Officers Fund Scholarships that my/our child's public or charter school has been informed that my/our child will now be attending private school.
- I (we) understand that the Injured Police Officers Fund Scholarship does not discriminate on the basis of race, color, sex, age, disability, religion, nationality, or political belief.
- I (we) certify that all information provided on this application and the supporting documents are true, correct and complete to the best of my knowledge.
- I (we) authorize the release of personal financial/educational information for the purpose of evaluating eligibility and that any information provided may be verified.
- I (we) understand that receiving a scholarship for 2025/2026 does not automatically entitle the student to a scholarship the following year.
- I (we) understand that I (we) are responsible for contacting the school district of our intentions to transfer to a private school.
- All grants are subject to availability of funds and said grants cannot exceed the amount required to fully fund the amount of tuition, or the maximum amount allowed by the DOE.

Parent/Guardian 1 (sign): _____ Date: _____

Parent/Guardian 2 (sign): _____ Date: _____

Please submit completed application, documents and \$25 per family processing fee to:

IPOF - School Choice Scholarship
POB 96552
Las Vegas, NV 89193

Opening date for returning families is June 10, 2025; for new families: July 5, 2025.

Closing date will be **August 23, 2025**. No applications will be accepted before the opening dates or after the closing date. Application fees will be returned if your application is not processed.

We anticipate determinations to be completed by September 15, 2025. Parents will receive notification by mail/ and or email if they are approved or not. Please do not ask us for determinations before then.

Please be advised that all non-returning and new families are not guaranteed awards. Granting scholarships, if the legislation allows, will be based on your qualification and the amount of funding we have available for the 2025-2026 school year after all the returning families have been awarded.

If required Tax documents are not provided with the application, your child cannot be awarded a scholarship